



2004 FREE SPORT FISHING LICENSE/WILDLIFE AREA PASS APPLICATION FOR NATIVE AMERICANS FINANCIALLY UNABLE TO PAY FEE

A free sport fishing license may also be used to enter designated wildlife areas.

Free licenses/passes are available only to American Indians and their lineal descendants who:

1. Have resided in California for at least the last six months;
2. Have never been convicted of a violation of the Fish and Game Code; and
3. Have a total income which does not exceed \$8,980.00 for head of household, plus \$3,140.00 for each additional family member living with them.

Licenses/passes will not be issued to applicants whose applications have not been completely filled out, or whose tribal affiliation has not been verified by a tribal registry or the Bureau of Indian Affairs. You may renew your free license/pass by sending this application and previous free license directly to the Department of Fish and Game. Reverification of tribal affiliation is not required when submitting application with previous free license or pass. In this case, complete sections III and IV only.

I. APPLICANT INFORMATION

FIRST NAME		M.I.	LAST NAME		MAIDEN NAME
MAILING ADDRESS/P.O. BOX					
CITY		STATE	ZIP CODE		
DATE OF BIRTH	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	SEX

Only the basic sport fishing license or wildlife area pass is free. Additional stamps and report cards must be purchased at full price.

II. BUREAU OF INDIAN AFFAIRS VERIFICATION

If enrolled with a tribe or band, give the name of the tribe or band, and your latest roll number:

NAME OF TRIBE OR BAND	ROLL NUMBER
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If not enrolled, give name, date of birth, tribal affiliation and roll number of ancestor through whom you are claiming eligibility:

FIRST NAME	M.I.	LAST NAME	DATE OF BIRTH
TRIBAL AFFILIATION		ROLL NUMBER	

Submit this application to the superintendent of the appropriate Bureau of Indian Affairs Office (see reverse) or provide proof (copy of tribal roll card, etc.) of the tribal affiliation for you or your ancestor through whom you are claiming eligibility.

Southern California Agency
2038 Iowa Ave., Suite 101
Riverside, CA 92507-0001

Northern California Agency
1900 Churn Creek Rd, Suite 300
Redding, CA 96002-0292

Central California Agency
650 Capital Mall, Suite 8-500
Sacramento, CA 95814

COUNTY OF RESIDENCE:

San Bernardino, Riverside, San Diego, Santa Barbara,
Los Angeles, Ventura, Orange, or Imperial

Del Norte, Shasta, Siskiyou, Humboldt, or Trinity

All other counties

OUT OF STATE TRIBES OR BANDS: Submit your application to Bureau of Indian Affairs Office having custody of records for your tribe or band, or submit proof that you are on the tribal registry of an out of state tribe or band.

I hereby certify that the applicant is an American Indian or lineal descendant.

Department of the Interior
BUREAU OF INDIAN AFFAIRS

By _____

Title _____

Address _____

City _____

III. INCOME VERIFICATION

You must show the total annual gross income to the nearest dollar for yourself and all family members living with you. This includes income from any and all sources, including: salaries, commission, bonuses, social security or other pensions, unemployment insurance, rent, interest, welfare payments, grants, educational allowances, etc.

Your total annual gross income (before deductions) \$ _____ per year

Names of Family Member Living With You (if none, write "None")	Age	Relationship (wife, son, parent, etc.)	Total Annual Income (if none, write "None")
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Gross Annual Income for Yourself and All Family Members \$ _____

IV. APPLICATION CERTIFICATION

I hereby certify under penalty of perjury that the information given on this application is true and correct to the best of my knowledge; that I have not been convicted of any Fish and Game violation; that I have resided continuously in California for six months or more immediately prior to the date of submitting this application; and that the incomes shown are complete, true, and correct.

Signature of Applicant _____

Social Security Number _____ Date _____

**Send this form and a completed free sport fishing license application to:
Department of Fish and Game, License and Revenue Branch, 3211 S Street, Sacramento, CA 95816.**